

EXHIBIT B

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Date	<u>08/04/2022</u>	Total pages including cover	<u>6</u>

In The United States District Court
for The Eastern District of Virginia
Alexandria Division

THOMAS CIENIEWICZ,

Plaintiff,

v.

Civil Action No: 1:22cv172

GHAFOURPOUR, DDS, ET AL.,

Defendants.

AFFIDAVIT

To the Honorable Judges of the Eastern District of Virginia:

1. My name is Kourosh Ghafourpour, DDS. I am over the age of twenty-one. In 2021, I was employed by Wellpath, LLC and provided dental services to patients at the Chesapeake Correctional Center (the "Jail"). The information in this Affidavit is based on my personal knowledge and the medical records maintained in the ordinary course of business.

2. Mr. Cieniewicz was incarcerated at the Jail for several years and I was involved with two (2) treatments for two (2) different teeth during July 2020 thru May 2022 during my employment with Wellpath, LLC. I saw dental patients from the Jail two (2) days per week, on Tuesday and Thursdays, and saw 7-8 patients per day. The patients were brought offsite to my office.

3. I saw Mr. Cieniewicz on August 5, 2021 for a dental examination and noted that tooth #19 was sensitive to cold temperatures to the degree of a 2-4/10 but it was short lived and he did not have any throbbing or signs of infection of the nerve or

tissues. See **2021 Dental Record**. Mr. Cieniewicz reported himself as healthy with no contributing medical history or allergies. At the time, I believed that his pain was caused by a partially fractured tooth and missing portions of a previous filling leaving some sensitive dentin exposed. I was not concerned about tooth #19 because the displaced portion of the tooth left some remaining filling in the tooth while exposing the sensitive layer of the dentin and there was no sign or symptom of infected nerve or associated tissues, on examination or x-ray. I believed that the pain he reported to medical staff off and on between May and August was typical for a patient with exposed sensitive layers of a tooth that is missing a filling. While there are requests for additional medication when prescriptions expired, it appears that his pain was manageable with the medication, based on the screening notes by the medical staff. Also, he did not report any additional signs or symptom that is stimulated by food or temperature changes from food or drink. Mr. Cieniewicz had no reported other serious or significant medical conditions.

4. I saw Mr. Cieniewicz again on November 9, 2021. See **2021 Dental Consent for Exam and X-Rays, 2021 Dental Consent for Extraction, and 2021 Dental Sick Call**. This was the first occasion that I was aware of when Mr. Cieniewicz reported strong pain that was 10/10.

I explained to him that tooth #19 was restorable with treatment and I did not recommend extraction of the tooth. In addition, he did not report any additional signs or symptoms. Despite my recommendation, Mr. Cieniewicz told me that he wanted me to extract tooth #19. After I explained the process and the risks and benefits of extraction, and after Mr. Cieniewicz signed a consent, I extracted tooth #19.

5. I submitted prescriptions in 2021 for short courses of Ibuprofen and

Naproxen for Mr. Cieniewicz in 2021; however, the prescriptions were not filled by the pharmacy and were not given to Mr. Cieniewicz.

6. Mr. Cieniewicz did not have any serious medical condition related to his dental health, with no reported or examined swelling or infections from odontogenic origin. I believe that the dental treatment he received was timely after my exams and diagnosis and was appropriate. I did not delay his dental treatment and did not cause any exacerbation of any dental condition. Generally, patients go for many months with similar findings and most people avoid the tooth and protect it from the sensitizing foods or liquids. At the time of the November exam and x-ray when he first reported pain that was 10/10, I determined that he needed intervention in the form of a root canal to definitively get rid of the worsening pain; Mr. Cieniewicz chose extraction as our clinic did not provide root canal as a treatment option. I believe that the decisions regarding the treatment of Mr. Cieniewicz's dental pain were medically appropriate and in Mr. Cieniewicz's best interests.

7. At no time did I believe that Mr. Cieniewicz had or was at a significant risk for a stomach ulcer. At no time did I believe that my actions or decisions, or those of the medical staff, would cause harm to Mr. Cieniewicz. To the contrary, I believe that Mr. Cieniewicz received timely, thorough, and attentive dental care. In addition, I have never had any malicious or negative feelings about Mr. Cieniewicz.

8. The statements in this Affidavit are true and correct to the best of my knowledge. The attached medical records are true and correct to the best of my knowledge and are maintained in the ordinary course of business.

Signature:

Name:
DDS

Kourosh Ghafourpour

COMMONWEALTH OF VIRGINIA

COUNTY/CITY of Virginia Beach, to wit:

This day Kourosh Ghafourpour personally appeared before me, the undersigned
Notary Public in the jurisdiction aforesaid, who made oath that the foregoing Affidavit is
true and correct to the best of her/his information and belief.

Sworn to and subscribed before me this 04 day of August, 2022.

My Commission expires: 09 / 30 / 2024

Marissa Eubanks Chaney

Marissa Eubanks Chaney
NOTARY PUBLIC
Commonwealth of Virginia
Reg. # 7868104
My Commission Expires September 30, 2024

Commission No. 7868704

Notary Public

WellPath Dental Record

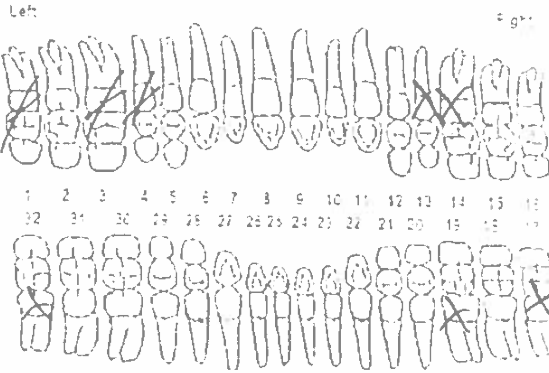
Inmate Name (Last, First, MI):

CIENTEWCZ, THOMAS

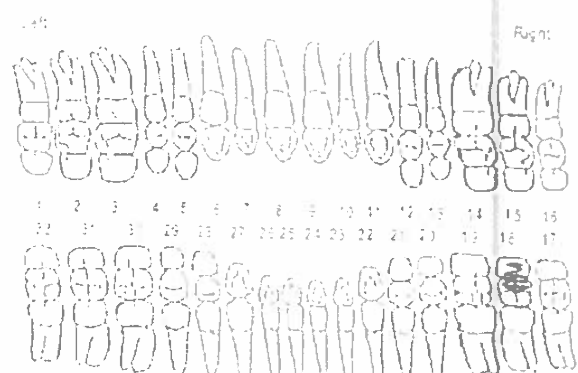
Inmate ID No:

8393

Dental Examination



Restoration and Treatment



Comp with #19 Fx

Initial Examination Date 08/05/21	Initial Periodontal Classification <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Existing Prostheses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oral Hygiene <input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Oral Pathology: No lesions			
<input type="checkbox"/> Gingivitis <input type="checkbox"/> Vincent's Infection <input type="checkbox"/> Stomatitis <input type="checkbox"/> Other Findings (Specify):			
Occlusion CLASS: C I II	Head and Neck Exam Oral Cancer Screening WNL	Roentgenograms: Will RETURN FOR 1 M <input type="checkbox"/> Periapical <input type="checkbox"/> Bitewing <input type="checkbox"/> Panorax AS	
Tooth	Priority List	Tooth	Priority List
C/C:	#19 Fx ~ 5/21/20	NEXT TX:	#19 Displaced Inguinal
	Symptoms 2-4/20		WNL - NO CARIES
	W Cold		NO SYMPTOM FOR 2 M
	Short lived	TEMP: 97.8°F	
	NO Thrush	RELEASE DATE: MAY '22	

Health Questionnaire	Response		Health Questionnaire	Response	
	Yes	No		Yes	No
Are you in good health			Acquired immune deficiency (AIDS/HIV)		
Allergies:			Gastrointestinal disorder		
Anemia			Glaucoma		
Asthma or other respiratory problems			Heart disease or murmur		
Blood pressure condition			Hepatitis		
Diabetic			Kidney problem		
Epilepsy			Reaction to anesthetic or medication		
Excessive bleeding after surgery			Rheumatic fever		
Fainting			Currently taking any medication		
Pregnant			Thyroid condition		
Tuberculosis			Other conditions		

Dentist Signature:

[Signature]

Title:

DAS

Initial Examination Date

08/05/21

Time:

9:40



To hope and healing.

Dental Consent for Extraction

Name: <u>C. Cieniewicz</u>	ID#: <u>8393</u>	DOB: <u>[REDACTED]</u>
Date/Time: <u>11/9/21</u> <u>0830</u>	Allergies:	Gender: <u>male</u>

Extraction(s) for Tooth Number(s)/Area # 19 Patient Initials: TMC

The frequency of complications associated with oral surgery is very low. However, with any surgical procedure, there are certain post-operative occurrences, which may or may not be experienced depending upon the nature of the procedure to be performed. These may include but are not limited to:

Possible Post-Operative Complications

- Dry socket- jaw pain beginning a few days post surgery
- Stretching of the corners of mouth resulting in cracking or bruising
- Swelling and/or bruising causing discomfort in surgical area
- Temporary slow bleeding for several hours is to be expected
- Temporary or permanent numbness or altered sensations in the teeth, gums, lips, or tongue.
- Trismus- limited jaw opening due to inflammation or swelling
- Possible infection requiring additional treatment
- Sharp edges or bone splinter, which will need a follow-up surgery
- Incomplete removal of roots, to avoid damage to vital structures such as nerves or sinus
- Sinus exposure- roots of the upper molars can be displaced into the sinus causing an opening into the mouth, this would require additional surgery
- Jaw fracture is very rare but can happen if the jaw bone is very thin or the tooth is deeply buried into the bone
- Possible damage to the adjacent teeth with large fillings, caps, or decay

Benefits of Anesthesia

- Avoid pain during treatment

Possible Complications of Anesthesia

- Gum irritation or bruising
- Prolonged numbness or nerve damage
- Allergic reaction

By signing this, I acknowledge that I have read and understand the treatment listed above and have been given the opportunity to ask questions before signing this form. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc. and I understand by signing this form, I give my consent for surgery as well as the use of local anesthesia.

Patient Signature: [Signature] Date/Time: 11/9/21
Witness Signature: [Signature] Date/Time: 11/9/21

I have explained the matters indicated above relating to the operation and/or procedure including the risks, consequences, and alternatives. The patient appeared to understand and consented to the procedures described.

Dental Provider Signature: [Signature] Date/Time: 11/9/21
Dental Provider Printed Name/Title: _____

Dental Consent for Exam and X-Rays

Name: <u>Cienecruz Thomas</u>	ID#: <u>8393</u>	DOB: <u>[REDACTED]</u>
Date/Time: <u>11/9/21 0826</u>	Allergies:	Gender: <u>Male</u>

I consent to the exam and dental x-rays that are necessary and advisable to diagnose and treat the planned service or services. The benefits of an exam and x-rays is to find hidden problems and to provide a more complete diagnosis which will help determine a more effective treatment plan. Postponing an exam or x-ray may result in worsening dental conditions or missing potential problems.

By signing this, I acknowledge that I have read and have been given the opportunity to ask questions before signing this form. I have given a complete and truthful medical history, including all medications, drug use, pregnancy, etc. and I understand by signing this form, I give my consent for exam and x-rays.

Patient Signature: [Signature] Date/Time: 11/9/21

Witness Signature: [Signature] Date/Time: 11/9/21

Xray #19

Doy mi consentimiento para los exámenes y radiografías dentales que sean necesarios y aconsejables para diagnosticar y tratar los servicios previstos. Los beneficios de un examen y radiografías es encontrar problemas ocultos y proporcionar un diagnóstico más completo que ayudara a determinar un plan de tratamiento más efectivo.

Con mi firma aquí, acepto que lei y entiendo el tratamiento mencionado arriba y que me han dado la oportunidad de hacer preguntas antes de firmar este formulario. Entregué mi historia médica completa y verdadera, incluyendo todos los medicamentos, uso de drogas, embarazo etc., y entiendo que con mi firma en este formulario, doy mi consentimiento para los exámenes y radiografías dentales.

Firma del paciente: _____ Fecha/hora: _____

Firma del testigo: _____ Fecha/hora: _____

I have explained the matters indicated above relating to the procedure including the risks, consequences, and alternatives. The patient appeared to understand and consented to the procedures described.

Dental Provider Signature: [Signature] Date/Time: 11/9/21

Dental Provider Printed Name/Title: Dr. K. GHAFOURSOVA ATTENDING


Thomas Michael Cieniewicz
#2019-0006511

Moderna- Series Complete, Double Mattress, Veteran, COVID 19- Booster

Sex: Male
 DOB: [REDACTED]
 Height: 6ft 2in
 Weight: 234 lbs
 BMI: 30.0
 SSN: [REDACTED]
 Agency: VA1030100
 Location: [OUT]
 JMS ID: 8393
 Allergies:
 Tomatoes Spices

Sick Calls

Dental Sick Calls

Triage

- **05/20/2022:** C-781 Inmate Worker Medical Clearance
- **05/18/2022:** Medical History & Physical Assessment with Mental Health
- **05/13/2022:** C-781 Inmate Worker Medical Clearance

Medical

- **11/13/2021:** Alex P Taylor, MD
- **09/10/2021:** Onyesha Cummings
- **08/30/2021:** Cheryl Askew

Dental

Mental Health

- No recent records

Viewing 1-3 of 3 Items


11/09/2021 0820 with Dr. Kriss Ghafourpour [Last Updated: 11/09/2021 0917]		
(No Related Actions)	Subjective: PT RETUIRNING YESTERDAY FROM HOSPITAL STAY FOR GI BLEED: Looked at printouts sent with pt: records are not secured in pt chart here as of yet: DX TWO DUODENAL ULCERATIONS DISCOVERED UNDER ENDOSCOPY AND TREATED:L NO NSAIDS TO BE RX (pts H&H reduced) --Pt pres w c/c "Lower left tooth strong pain in cycles that progress to constant ache" "with associated jolts of high pain" -Rated cycles 10/10 dulla ache, Pt wakes up at night or not sleep for time -Pt tries to chew on right side -Pt brushes site and tries to keep site clean -Cold sets off pain as well -Pt denies any swelling -Pt had no significant pain relief from pain meds helps to reduce pain for short 45min ***Pt expects release in 6mo	Note Off Status: Incomplete <input type="button" value="Note Off"/> Locked: Yes Interpreter used: No
	Objective: -Temp = 97.7f -Peridex rinse done -No extra oral swelling noted, pt is able to open w/o guarding -Pt had #17 ext >2years ago, #19 had fractured and was treated with Temp IRM over 2years ago -Pt points at #19 as source of pain, Palp- Perc- MOB=O #19 has 3/4 of occ+ lingual missing with sparce2mm section of IRM still present with dark caries around the remaining structure (Bu wall remains) -Tissues are pink firm adapted	
	Assessment: -Xray = P/A #19 notable distal root begining PDL widening with evidence of deeper caries to distal pulphorn sound #20 #18 -Dx = #19 degenerating Pulpal tissue restorable with Biuildup and RCT	
	Plan: -Review of Findings and RBA's, pt requests ext understands tooth would have been restorable with Biuildup and RCT. will not expect to be released for over 6mo Ext#19 -Discuss and Review findings and RBA's of TX and Post-op care -Pt agrees w/ TX consent obtained -PO STAT APAP 2 x 325mg -Tx: Achieved anesthesia using topical anesthetic and block, infiltration and intralig using 36 mg	

2%lidocaine HCl and One carp 4% septo both with 1:100,000 epinephrine. -FTMPF, Gingiva reflected and elevate tooth #19 elevated and luxate delivered w/o complication. Bone burnished and compressed. Curratage and Irrigate, -Hemostasis achieved under pressure. 3-0 Chronic gut Fig of 8 x3 suture placed. - Hemostasis/gauze, pressure -Post-op instructions given orally and written. F/U PRN , dismissed A&O x 3 -Rx Post op pain meds NO NSAIDS TO BE USED FOR HX GI BLEED

Education: -Review OHI -Pt knows to let Nurses know if STS occurs to start antibiotics ..

Entered by: **Dr. Kriss Ghafourpour** at patient request

 Add Addendum

Recategorize to **Dental** 

Continue 10/22/2020 0900 with Dr. Kriss Ghafourpour [Last Updated: 10/22/2020 0942]

(No Related Actions)

Subjective: -Pt presents w c/c "over last year has noticed Filling come out of Upper Right bck molar" -Initially tooth was sensitive strong to cold -Over time it has reduced sensitivity ; now mildly sensitive and short lived <30sec to cold -Pt is able to brush and keep site clean -Has been using his own Advil 200mg at night as needed -No Hx swelling of gingiva **Pt expectes to be here another 18 months

Note Off Status:
Incomplete
Locked: No
Interpreter used: No

Objective: -Temp = 98.7 -Peridex rinse done -No extra oral swelling noted, pt is able to open w/o guarding -Pt has lone standing #2 with MODL prep and residual ~1-2mm of Pulpal floor IRM: with exposed walls of Clean Dentin -Pt recalls "silver filling" being in the tooth -Palp- perc- MOB=O - Adjacent gingiva and palate pink firm well adapted

Assessment: -Xray = #2 with liner of IRM remaining, tight PDL, Good structural support no signs of Fracture or pulpal inflammation Sinus proximity noted -Dx = Vital restorable with additional IRM (which is what we are limited to here) -Review of Findings and RBA's, pt requests to proceed with tx

Plan: Discuss need to place IRM and shorten occlusal contact to avoid pressure during bruxism as well as not chewing on the tooth to protect against Fracture -Ideally pt needs to have crown placed -Pt agrees -#2 and #31 do intermesh with deeply seated cuspal relation, as teeth have drifted over time. - Admin 1/2 carp 4% sept infil -Prep for retention, isolate, Matrix band, place IRM -Contour, check and reduce occlusal on #2 and move to reduce contact to be out of occlusion

Education: -Review OHI -Pt to monitor for Increasing cold or lingering sensitivity and let us know